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PTO/SB/83 (03-02)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	10/007,137
Filing Date	12/03/2001
First Named Inventor	McCracken, John C.
Group Art Unit	3728
Examiner Name	J.M. Mohandes1
Attorney Docket Number	

To: Assistant Commissioner for Patents
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application, as an attorney for W. Gilmer Reed, Jr, or his assignee, who will seek separate representation. The reasons for this request are:

By Assignment dated October 25,2002, and written agreements dated October 25,2002, the entity, Greer Reed Biomedical LLC has assigned and transferred patent rights from the entity to each individual inventor or their assignee by mutual agreement.

Jack K. Greer, Jr. will remain attorney of record for himself as an inventor, and for John C. McCracken, as co-inventor. Correspondence concerning the pending patent application does not change. Correspondence should be addressed to: Jack K. Greer, Jr., 116 Heritage Drive, Oak Ridge, TN 37830.

1. ☒ The correspondence address is NOT affected by this withdrawal.
2. ☐ Change the correspondence address and direct all future correspondence to:

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- ☒ This request is made on behalf of myself and
☒ all the attorneys/agents of record,
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☐ the attorneys/agents associated with Customer Number _____

This request is enclosed in triplicate (including any attachments).

APPROVED

E. Rollins-Cross

Director, Group 3700

Name Jack Kenneth Greer, Jr., U.S. PTO Registration No. 42,605

Signature

Jack Kenneth Greer Jr

Date

10-25-2002

NOTE: Withdrawal is effective when approved rather than when received.

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden-Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

11-04-02

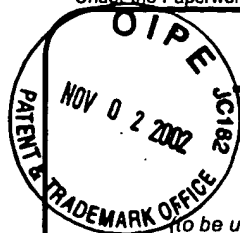
GAU 3728

PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/007,137		
	Filing Date	12/03/2001	
	First Named Inventor	McCracken, John C.	
	Group Art Unit	3728	
	Examiner Name	J.M. Mohandesj	
Total Number of Pages in This Submission	3	Attorney Docket Number	

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): -Request for Withdrawal As Attorney Or Agent -Return postcard
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Jack Kenneth Greer, Jr.
Signature	<i>Jack Kenneth Greer Jr.</i>
Date	11-2-2002

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: <u>EU 814247261</u> U.S.			
Typed or printed name	Jack K. Greer, Jr.		
Signature	<i>Jack K. Greer Jr.</i>	Date	11-2-2002

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